



UTILITY SERVICES ACTIVATION FORM

City of Aberdeen - 200 E. Market St. - Aberdeen WA 98520

UTILITY BILLING - (360) 537-3210 / FAX (360) 537-5741

WATER CUSTOMER SERVICE (360) 537-3223

www.aberdeenwa.gov

WILL CALL ☐

Reference #

-000

Customer #

Please ACTIVATE utility services (water & sewer) at the following address:

Date to ACTIVATE utility services:

Name of Property Owner(s): _____

Mailing address: _____

CITY

STATE

ZIP

Phone Numbers: () _____
HOME PHONE NUMBER

() _____
BEST CONTACT PHONE NUMBER

Email Address: _____

Proof of ownership attached: ☐

I certify that I am the owner of the property and agree to pay all fees and charges for the services in accordance with Title 13 AMC, including an account set-up fee of \$20.00. Any unpaid charges will become a lien against the property and the city reserves the right to turn off and refuse services until all charges have been paid. INITIALS _____

As the owner of the property, I agree to establish garbage service, through LeMay of GH, in accordance with Title 13 AMC, which states service is compulsory and mandatory upon all persons, dwellings and business establishments within the city. I agree to do this within 3 business days of submitting this activation order. INITIALS _____

I have been advised that there is a balance owing against this service. I understand I will be responsible for these charges if not paid by the previous owner. I further understand that the service valve may only be operated by authorized city personnel and if turned on prior to city activation, a \$50.00 illegal turn-on fee may apply.

\$

AMOUNT OWING

OWNER PRINTED NAME

OWNER SIGNATURE

DATE

FOR OFFICE USE ONLY:

☐ NO METER INSTALLED
☐ METER TURNING / NOTICE LEFT
☐ CUSTOMER VALVE IS OFF

WATER IS: ON OFF

METER READING: _____

Initials

Date